

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER:  <b>03-04</b>	2. STATE  <b>Louisiana</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  <b>January 1, 2003</b>	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

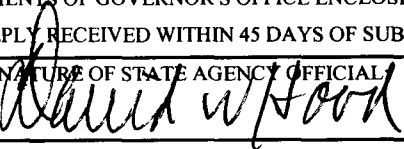
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  <b>42 CFR 447.201</b>	7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> <u>\$412.54</u> b. FFY <u>2004</u> <u>\$567.93</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B, Item 5, Page 2</b> <b>Attachment 4.19-B, Item 5, Page 2a</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Same (TN 02-05)</b> <b>Same (TN 00-14)</b>

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to increase reimbursement for antibiotic injections using the average ingredient cost based on the 2002 Average Wholesale Price (AWP) for recipients up to the age of twenty one.**

11. GOVERNOR'S REVIEW (Check One):


☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO: <b>State of Louisiana</b> <b>Department of Health and Hospitals</b> <b>1201 Capitol Access Road</b> <b>PO Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>
13. TYPED NAME: <b>David W. Hood</b>	
14. TITLE: <b>Secretary</b>	
15. DATE SUBMITTED: <b>March 17, 2003</b>	

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17. DATE RECEIVED: <b>24 MARCH 2003</b>	18. DATE APPROVED: <b>20 June, 2003</b>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 JANUARY 2003</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME: <b>ANDREW A. FREDRICKSON</b>	22. TITLE: <b>ASSOCIATE REGIONAL ADMINISTRATOR</b> <b>DIV OF MEDICAID &amp; CHILDREN'S HEALTH</b>

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

Attachment 4.19-B  
Item 5, Page 2

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION  
42 CFR  
447.201

Medical and Remedial  
Care and Services  
Item 5 (cont'd)

Reimbursement for certain bilateral procedures listed in the Professional Services Provider Manual shall be at 150% of the fee on the Physician's Formulary File when performed bilaterally.

Current Procedural Terminology (CPT) codes for neonatal care (99295, 99298) will be reimbursed at eighty-four percent (84%) of the fees (published in annual notice to providers) in effect as of January 31, 2000.

Current Procedural Terminology (CPT) codes for tonsillectomy and adenoidectomy services (42820, 42821, 42825, 42826, 42830, 42831) will be reimbursed at seventy-five percent (75%) of the fees (published in annual notice to providers) in effect as of January 31, 2000.

Based on additional funding approved by the 2000 2<sup>nd</sup> Extraordinary Session of the Legislature an increase of \$9.13 is applied to the reimbursement rates for the six most frequently billed procedure codes for Evaluation and Management , and Follow-Up Prenatal Visits as identified in the utilization report for the time period June through December 1999.

Effective April 1, 2002 reimbursement for certain designated physicians' Current Procedural Terminology (CPT) codes is increased to seventy percent (70%) of the 2002 Medicare allowable fee schedule. These procedures are: external circulation assist, change of gastrostomy tube (simple), examination of the vagina, spinal fluid tap (diagnostic), injection treatment of nerve, bone marrow biopsy, therapeutic injection IV, right heart catheterization only, left heart catheterization (percutaneous), polysomnography (4 or more), and intravenous chemotherapy administration.

Effective January 1, 2003, antibiotic injections administered to Medicaid recipients up to age 21 are reimbursed at a flat rate based on the average ingredient cost for antibiotic injections according to the 2002 AWP.

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-24-03</u>	
DATE APP'VD <u>6-20-03</u>	
DATE EFF <u>1-1-03</u>	
HCFA 179 <u>LA 03-04</u>	

TN# LA 03-04 Approval Date 6-20-03 Effective Date 1-1-03  
Supersedes  
TN# 02-05

SUPERSEDES: TN- 02-05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

Attachment 4.19 B  
Item 5, Page 2 a

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

- (b) Providers are advised to bill usual and customary charges in order for the Medicaid Program to continue to use these charges to establish prevailing fees in Louisiana.
- A. Payment for Physician Services for recipients eligible for Title XVIII-Part B.

Title XVIII-B provides for payment per calendar year for physician services for a Medicare eligible in the amount of 80% of the physician's reasonable usual and customary charge after the annual deductible is met. The Medicaid Program pays for Medicare covered services in accordance with the limitations set forth in Section 3.2 and Attachment of the Plan.

- B. Recipients not Eligible for Title XVIII Part B.

Payment for physician services for recipients not covered under Title XVIII Part B will be made subject to flat fee limitations or billed charges whichever is lower and subject to service limitations.

SUPERSEDES: TN# 00-14

STATE <u>Louisiana</u>	A
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